

100 Winnacunnet Road Hampton, NH 03842 P: (603)926-3932 F: (603)926-6768 parks-rec@hamptonnh.gov www.hamptonnh.gov

			REGISTRATION	REGISTRATION FORM		* Please print legibly.		
Parent/Legal Guardian			Ema	Email Address				
Address			Town		State	Zip		
Home Phone			Work Phone		Cell Phone			
Emer	rgency Co	ntact (Name & Relationship	))	 Pr	Phone Number			
Pleas	se state ar	ny medical conditions we sh	nould be aware of					
Code letter	•	Course Name	Participant's Full Name	Grade (entering)	D.O.B. (if under 18)	Price		
						\$		
						\$		
						\$		
						\$		
						\$		
More	spaces o	n back if needed. ——>			Total Price	\$		
				[	Total from bac	ck \$		
					Grand Total	\$		
	Check #			xpiration Date:	CNT			
SHAL ees fr name	L RELEAS om all liabi d participa	ration of the permission grante SE, WAIVE, DISCHARGE AND lity for any and all loss or dama	ELEASE AND WAIVER OF LIABILITY AND IN d to the participant named below to participate to COVENANT NOT TO SUE the HAMPTON Rage, and any claim or demands therefore on a ligence of the HAMPTON RECREATION AND	in the Hampton Reci ECREATION AND Paccount of injury to the	reation and Parks I ARKS DEPARTME person or propert	ENT, their agents and employ- y or resulting in death of the		
dama agent again death ees a	I/we further ge includings and employs st the HAM of the name and whether	r agree to indemnify the HAMF g but not limited to bodily injur loyees become legally obligate IPTON RECREATION AND Paned participant whether or not or or not such liability is sole, joi	PTON RECREATION AND PARKS DEPARTM y, illness, death or property damage which the ed to pay including reasonable attorneys' fees ARKS DEPARTMENT, their agents and emplo caused by the negligence of the HAMPTON R nt or several.	HAMPTON RECREA and costs, as a result yees on account of in ECREATION AND PA	ATION AND PARK of claims, demand jury to the person ARKS DEPARTME	S DEPARTMENT, their ds, costs or judgments, or property or resulting in the ENT, their agents and employ-		
AND I	PARKS DE f participati	EPARTMENT that to the best on ng.	ogram may present a strain on my child's body f my knowledge, my child is in a proper physic nvolves traveling to various activity sites. I/we	cal condition to allow h	nim/her to participa	ate and that I/we assume the		
from t	these activi I/we unders	ties and I/we release, indemnistand that in case of injury or il	fy and hold harmless any persons providing su Iness, I/we will be notified. If it is impossible to minister anesthesia, or to order injections or su	uch transportation.  contact me and it is	an emergency, I/w			
signifi	icance. I/w I/we unders	re have executed this release of stand that the Department frequency	signed, have read this release and understand on this date indicated next to my/our names. uently takes photographs of its activities and p	participants during the	course of the Dep	partment's activities. I hereby		
give p	ermission	to the Department to take such	n photographs of the above Participant and to	use these photograph	ns in the Departme	nt's publicity.		

Participant's Signature/Legal Guardian's Signature

Date

## **Continued from front.**

Code (# & letter)	Course Name	Participant's Full Name	Grade (entering)	D.O.B. (if under 18)	Price
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
	•	•		Total Price	\$

Please carry total price from back onto front of sheet and fill in grand total. Thank you!